Name in Full

Certificate of Death

Thomas B. Bordley

Died at Town: Fairlee County: Kent MARYLAND

Date 189 9 Month: Nov Day: 23 | Age Y. 84 M. 8 D. 2 | Native of md | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband / Wife of Susan A. Bordley

Father's Name Thomas Bordley | Mother's Name Ann Bordley

Cause of Death — Primary 141 — How long sick 5 Days

Immediate General Debility

~~Accident, Suicide, Homicide~~

Reported by John H. Hessey MD

Address Hanesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full John Boyer

Certificate of Death

Died at Town Rock Hall County Kent MARYLAND

Date 189 9 Month 11 Day 21 | Age Y. 88 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Transcript 11-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

William Boyer.

Died at Town: near Lynchs. County: Kent. MARYLAND

Date 1899 Month: 11 Day: 11 Age Y. 70 M. D. Native of: Md. Occupation: Laborer.

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 5.

Husband / Wife of Rachel Boyer.

Father's Name: Don't Know (Wm Boyer) Mother's Name: Don't Know (Mary Shield)

Cause of Death: Primary: General Dropsy. How long sick: Several months.

Immediate: 155 a ~~Accident, Suicide, Homicide~~

Reported by W. S. Maxwell

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Maggie Butler. Certificate of Death

Died at Town Coleman, County Kent- MARYLAND

Date 1899 Month 11 Day 23 Age Y. 23 M. D. Native of Don't-Know Occupation Housewife.

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living 1.

Husband / Wife of Alexander Butler

Father's Name Don't-Know. Mother's Name Don't-Know.

Cause of Death: Primary Childbirth 119 a How long sick Don't-Know.

Immediate Septicaemia. ~~Accident, Suicide, Homicide~~

Reported by W. B. Maxwell. Still Pond, Md.

Address I saw her on the 21st - first visit - child was born on the 13th.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Daniel Chaney.

Certificate of Death

Died at — Town: Big Woods — County: Kent — MARYLAND

Date 1899 — Month: Nov. — Day: 21 — Age: Y. 38 M. D. — Native of: Md. — Occupation: Laborer.

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: 9

Husband / Wife of: Emeline Steward

Father's Name: Thomas Chaney — Mother's Name: Caroline Fisby.

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: 1 year.

Immediate: 22a — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: J. Horton Kelley M. D.

Address: Kennedyville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

William Corden Crow

Died at Town: Chestertown | County: Kent | MARYLAND

Date 189 9 | Month: 11 | Day: 9 | Age Y. 94 M. 2 D. | Native of: Kent Co | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of — —

102

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death: Primary ~~Cystitis~~ Infirmities of age | How long sick

Immediate Cystitis | Accident, Suicide, Homicide

Reported by: W. Frank Harris

Address: Chestertown Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full

Certificate of Death

Edgar Price Curlett

Died at Town Chesterville County Kent MARYLAND

Date 1899 Month Nov Day 18 Age Y. 1. M. 7. D. 5. Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

256

Father's Name Harry Wesley Curlett Mother's Name Ida Edwards

Cause of Death Primary Tubercular Meningitis How long sick 10 days

Immediate Effusion of brain Accident, Suicide, Homicide

Reported by F. N. Sheppard M D.

Address Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Lawrence Heinickens

Town

County

Died at Chestertown Kent MARYLAND

Date 189 9 Month 11 Day 11 | Age Y. 70 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary hemorrhage 65 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Transcript 11-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. E. Ferguson, Undertaker

Name in Full | Certificate of Death

Robert Hinson

Died at Town: Hennesville | County: Kent | MARYLAND

Date 1899 | Month: Nov | Day: 21 | Age: Y. 13 M. D. | Native of: Md | Occupation: None

Male | ~~White~~ | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | Single | ~~Widower~~ | Number of children living 5

Husband / Wife of

Father's Name: James Hinson | Mother's Name: Maggie Wilson

Cause of Death: Primary: Malinae Fever | How long sick: 17 Days

Immediate: Peritonitis 93 | ~~Accident, Suicide, Homicide~~

Reported by: John H. Hessey MD

Address: Hennesville Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Edward Hopkins Col.

Died at Town: Rock Hall County: Kent MARYLAND

Date 189 9 Month: Nov. Day: 9 | Age Y. 19 M. D. | Native of Virginia | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | ~~Number of children living~~

Husband / Wife of

Father's Name James Hopkins | Mother's Name Francis Hopkins

Cause of Death — Primary: Typhoid Fever, Immediate: Pneumonia | How long sick: About 4 weeks

~~Accident, Suicide, Homicide~~

Reported by E. B. Willson

Address Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Mrs. Elizabeth Jarman

Died at Town: Millington County: Kent MARYLAND

Date 189 9 Month: 11 Day: 14 | Age: Y. 90 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband of Wife Stealey Jarman

Father's Name Mr. Millington | Mother's Name

Cause of Death: Primary Paralysis 4 4 | How long sick

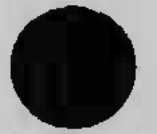
Immediate | Accident, Suicide, Homicide

Reported by Denton Journal 11-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full John McShorter

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date 1899 Month 11 Day 6 | Age Y. 64 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Martha Rolph

Father's Name Jefferson McShorter | Mother's Name Sarah

Cause of Death: Primary dropsy | Immediate | How long sick | Accident, Suicide, Homicide

155a

Reported by Transcript 11-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Florence Nickles — Certificate of Death

Died at — Town: Fountain Church — County: Kent Co — MARYLAND

Date 189 1 — Month: Nov — Day: 10 — Age: Y. 2 M. D. — Native of: Pa — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow Widower — Divorced → ~~Number of children living~~

Husband / Wife of —

Father's Name: Charles Nickles — Mother's Name: Florence Nickles

Cause of Death — Primary: Pneumonia 72 — Immediate: —

How long sick: 2 weeks

Accident, Suicide, Homicide

Reported by: W H Adkinson Undertaker

Address: Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Rev. S. C. Roberts

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 9 Month 11 Day | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Kent News 12-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Samuel Shuster

Died at Town Chestertown County Kent MARYLAND

Date 189 9 Month 11 Day 21 | Age Y. 75 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Wife

Father's Name

Mother's Name 100

Cause of Death { Primary kidney trouble | Immediate

How long sick

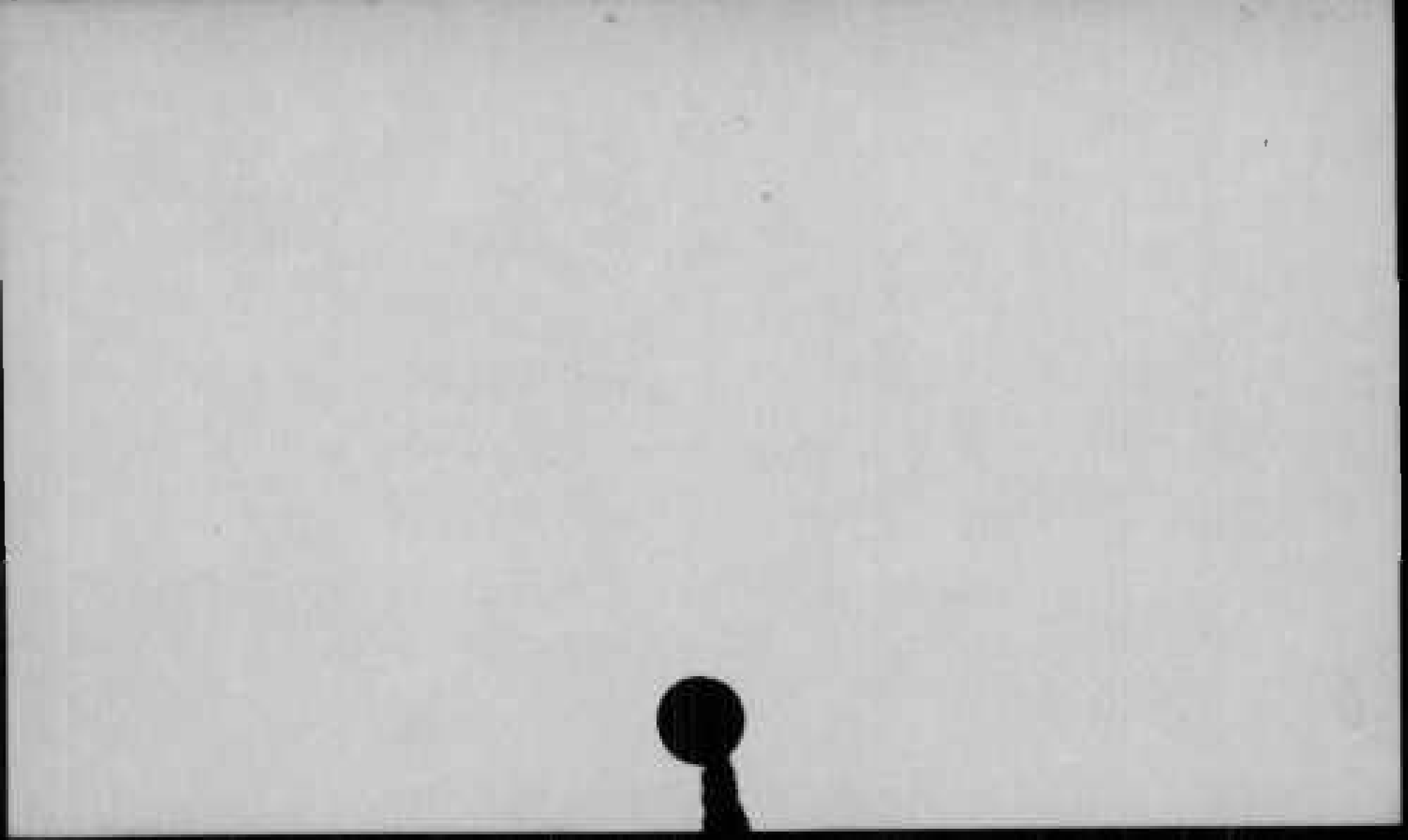
Accident, Suicide, Homicide

Reported by Enterprise 11-22.

Address

Must be signed by physician, if any in attendance, otherwise [illegible]oroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Alice F. Wamsley

Died at Town Pomona County Kent MARYLAND

Date 1899 Month Nov Day 10 Age Y. 18 M. 1 D. 15 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name John E Wamsley Mother's Name Henrietta Slavit

Cause of Death Primary 1556 How long sick about one hour

Immediate heart failure Accident, Suicide, Homicide

Reported by J. E. Ferguson

Address Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. J E Ferguson

LIBRARY BUREAU, 79[illegible]

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from J. E. Ferguson
Chesterton

Name in Full Wm Henry Wight

Certificate of Death

Died at Town Rock Hall County Kent Co MARYLAND

Date 1899 Month Nov. Day 7 Age Y. 69 M. 3 D. 9 Native of Md. Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Adeline Smith

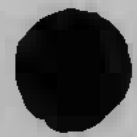
Father's Name — Mother's Name —

Cause of Death: Primary Heart disease 57 How long sick One hour

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Walter O. Selby M.D.

Address Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968